## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: □ No If YES, enter delivery address below: SCOTT HUGHES LAKEVIEW ROCK PRODUCTS 900 NORTH REDWOOD ROAD P. O. BOX 540700 3. Service Type SALT LAKE CITY, UTAH 84054-0700 ☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D. Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7005 2570 0000 4801 5969 (Transfer from service label) PS Form 3811, February 2004 102595-02-M-154 Domestic Return Receipt

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